

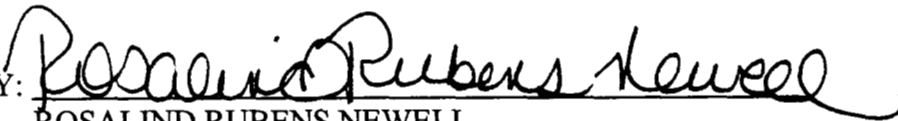
Entered 3-6-00 - sb  
CL 99L0144 - ALEXIS HOLMES

CLAIM OF: **MARVIN STEVENSON AND  
GLORIA STEVENSON  
1501 Nash Road, NW  
Atlanta, Georgia 30331**

00- *R* -1823

For damages alleged to have been sustained as a result of vehicular damage due to a pothole in the road on February 13, 20000, in Englewood Manor, a Atlanta Housing Authority Property.

**THIS ADVERSED REPORT IS APPROVED**

BY:   
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

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DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0144

Date: 11/01/00

Claimant /Victim: MARVIN STEVENSON AND GLORIA STEVENSON

BY: (ATTY:)

Address: 1501 Nash Road, NW, Atlanta, Georgia 30331

Subrogation:            Claim for Property loss \$ 196.00 Bodily Injury \$           

Date of Notice: 2/23/00 Method: Written, proper X Improper           

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 2/13/00 Place: Englewood Manor Atlanta Housing Authority Development

Department            Division:           

Employee involved            Disciplinary Action:           

**NATURE OF CLAIM:** Claimant alleged that she sustained damages when she drove over a pothole. However, after investigating claimants' allegation, it was discovered that the alleged incident occurred on the property of the Atlanta Housing Authority which is a separate legal entity from the City of Atlanta.

**INVESTIGATION:**

Statements: City employee            Claimant X Others            Written            Oral X

Pictures            Diagrams            Reports: Police            Dept Report            Other X

Traffic citations issued: City Driver            Claimant Driver           

Citation disposition: City Driver            Claimant Driver           

**BASIS OF RECOMMENDATION:**

Function: Governmental            Ministerial           

Improper Notice            More than Six Months            Other            Damages reasonable           

City not involved X Offer rejected            Compromise settlement           

Repair/replacement by Ins. Co.            Repair/replacement by City Forces           

Claimant Negligent            City Negligent            Joint            Claim Abandoned           

Respectfully submitted,

  
INVESTIGATOR - ALEXIS HOLMES

**RECOMMENDATION:**

Pay \$            Adverse X Account charged: 1A01            2J01            2H01           

Claims Manager:  Concur/date 11-02-00

Committee Action:            Council Action

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 2-10-00

Jordan  
03/02/00  
Dm

Dear Municipal Clerk:

02-23-00P04:38 RCVD

ENTERED - 3-6-00 - SB  
00L0144 - DOBBS JORDAN

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1160.00 property and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

1. Date of incident: 2-13-00 2. Time of Incident: 7:30 PM 3. Police called: Yes No  
(month/day/year)

4. Location of incident (including street address): Englewood Manor Climax St & E Englewood

5. Name of your insurance company: Casualty Policy No. 06699728

6. State what and how incident occurred: It was raining the night of incident.  
The rain had filled the pot hole & I did not see the  
pot hole. It slashed the tire & damaged the  
tire. It's a wide & deep pot hole.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Nissan 88 134 PXA Gloria Sterensm  
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Shirley Love 460 climax St #70 404-622-2628  
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Martin Sterensm  
Signature of Claimant

Martin Sterensm  
(Print Claimant's Name)

1501 Nash Rd NW  
(Address)

Atl Ga 30331  
(City, State and Zip Code)

404-572-3911 404-792-1035  
(Work Number) (Home Number)

00- R -1823